

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005428354** File Number: **0000123542** Submit Date: **10/01/2020** Call Sign: **WUFT** Facility ID: **69440** City:

GAINESVILLE State: FL

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 10/01/2020 Filing Status:

**Active** 

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
BOARD OF TRUSTEES, UNIVERSITY OF FLORIDA	RANDALL C. WRIGHT DIVISION OF MEDIA PROPERTIES 2200 WEIMER HALL GAINESVILLE, FL 32604 United States	+1 (352) 392- 5551	RWRIGHT@JOU. UFL.EDU	GOE

### **Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Foster Garvey PC	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
985	WJUF	INVERNESS	FL	No
69440	WUFT	GAINESVILLE	FL	No
66575	WRUF-FM	GAINESVILLE	FL	No
66604	WUFT-FM	GAINESVILLE	FL	No
121772	WUFQ	CROSS CITY	FL	No
4200	WRUF-LD	GAINESVILLE	FL	No
69151	WRUF	GAINESVILLE	FL	No

## Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees  Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No
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#### Additional Program Report Questions

#### Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Keisha Reynolds	Human Resources Manager

#### Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	10/01/2020
Certified Title	Dean, College of Journalism and Communications
Authorized Party Name	Diane McFarlin

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
Board of Trustees University of Florida 2018-2019 EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Board of Trustees University of Florida 2019-2020 EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Board of Trustees University of Florida EEO  Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion